09366

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. 4

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural, give location) R.D. 4

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): RAYMOND BERNARD ANDERSON
4. DATE OF DEATH (Month) (Day) (Year): SEPT. 18 1952
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Feb. 10-1904
9. AGE last birthday: 48 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GROCERY STORE
10b. KIND OF BUSINESS OR INDUSTRY: owner
11. BIRTHPLACE (State or foreign country): Balto, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: GEORGE ANDERSON
14. MOTHER'S MAIDEN NAME: NOT KNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-05-7703
17. INFORMANT AND ADDRESS: ROSE ANDERSON WESTMINSTER, MD R.D. 4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Tuberculosis of lungs	1 yr.
001X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Silicosis of lungs	10 yrs
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb, 1949, to Sept 18, 1952, that I last saw the deceased alive on Sept 18, 1952, and that death occurred at 3:05 A.m., from the causes and on the date stated above.

SIGNATURE: Julius Chepko M.D. (Degree or title) ADDRESS: 1705 Green. Westminster Md DATE SIGNED: 9/19/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Sept. 20 1952
NAME OF CEMETERY OR CREMATORY: Calvary Mil. Cem.
LOCATION (City, town, or county) (State): Gamber Md.
DATE REC'D BY LOCAL REG.: 9/19/52
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: H Bankard Ron Westminster Md ADDRESS

VS. A-6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

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RECEIVED
SEP 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 69367

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) Francis (Last) Brown

4. DATE OF DEATH: (Month) Sept. (Day) 1st (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Oct. 28, 1873

9. AGE last birthday: 78 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John H. Brown

14. MOTHER'S MAIDEN NAME: Amanda Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 214-28-5499

17. INFORMANT & ADDRESS: Mrs Margaret E. Brown - Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cardio Vascular Disease

DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1940, to Sept. 1, 1952 that I last saw the deceased alive on Sept. 31, 1952, and that death occurred at 8:45 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. A. Barnes MD Sykesville Md Sept 2-52

23. BURIAL, CREMATION, REMOVAL. (Specify) Burial

DATE THEREOF 9-4-52

NAME OF CEMETERY OR CREMATORY St Michaels

LOCATION (City, town or county) (State) Poplar Springs, Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 2, 1952

REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR ADDRESS

Ward Haight - Sykesville, Md.

Luther H. Haight

VS. A15

RECEIVED
SEP 4 1952
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09368

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY CARROLL Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 38 Court St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 38 Court St.

3. NAME OF DECEASED (Type or Print) (First) ADA (Middle) L. (Last) CRISWELL

4. DATE OF DEATH (Month) Sept (Day) 13 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single
8. DATE OF BIRTH 1-23-1875
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical nurse & Companion
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Francis J. Criswell
14. MOTHER'S MAIDEN NAME Laura Conway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Roscoe Criswell, S. Hemple

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis (chr)
Nephritis (chr)
592x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to Sept. 13, 1952, that I last saw the deceased alive on Sept 12, 1952, and that death occurred at 7:45 a m., from the causes and on the date stated above.

SIGNATURE W. C. Jennette (Degree or title) MD, ADDRESS Westminster Md DATE SIGNED 9-13-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-15-1952
NAME OF CEMETERY OR CREMATORY Ebenezer
LOCATION (City, town, or county) Carroll Co. (State)

DATE REC'D BY LOCAL REG. 9/15/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR C. M. Waltz ADDRESS Hampstead Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 16 1952
BUREAU V. £

69369

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 80

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS High Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor
STREET ADDRESS (If rural, give location) High street

3. NAME OF DECEASED (Type or Print) (First) ALICE (Middle) L (Last) CURREY

4. DATE OF DEATH (Month) Sept (Day) 29 (Year) 1952

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH March 29-1857
9. AGE last birthday 95 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME William R Currey
14. MOTHER'S MAIDEN NAME Elizabeth Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Florence Currey - New Windsor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450,0 Immediate cause (a) Arterio Sclerosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1952, to Sept 28, 1952, that I last saw the deceased alive on 9-28, 1952, and that death occurred at 8:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. H. Legg M D ADDRESS Union Bridge DATE SIGNED 9-30-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 1-1952
NAME OF CEMETERY OR CREMATORY Presbyterian
LOCATION (City, town, or county) New Windsor (State) Md

DATE REC'D BY LOCAL REG. Sept 30/52
REGISTRAR'S SIGNATURE Oscar S Benedict
24. FUNERAL DIRECTOR D D Hartsler & Sons ADDRESS New Windsor & Union Bridge, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 3 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09370

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, SYKESVILLE
LENGTH OF STAY (in this place) 1 mo. 2 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NEW WINDSOR
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) BAILEY (Last) CURREY

4. DATE OF DEATH: (Month) 9 (Day) 30 (Year) 19 52

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Unk—
8. DATE OF BIRTH: 1-1-66
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unk—
10b. KIND OF BUSINESS OR INDUSTRY: Unk—
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM CURREY
14. MOTHER'S MAIDEN NAME: ELIZABETH —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk— (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: Unk—
17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) 422.1 MYOCARDIAL DEGENERATION WITH

Antecedent cause(s) DUE TO ARTERIOSCLEROSIS

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. CBS WITH SENILE BRAIN DISEASE WITH PSYCHOTIC REACTION — UNKNOWN

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 29, 19 52, to Sept. 30 19 52 that I last saw the deceased alive on Sept. 30, 19 52 and that death occurred at 10:40 a.m., from the causes and on the date stated above.

SIGNATURE Henry C. A. Mead (DEGREE OR TITLE) ADDRESS Henry C. A. Mead, M. D. Springfield State Hospital, Sykesville, Maryland DATE SIGNED 9-30-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 10/2/52
NAME OF CEMETERY OR CREMATORY Presbyterian Cem
LOCATION (City, town, or county) (State) New Windsor Md

DATE REC'D BY LOCAL REG. Sept. 30, 1952
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR H. C. Haitzler & Sons ADDRESS New Windsor & Union Bridge

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1B 8-52

RECEIVED
OCT 3 1963
BUREAU V. &

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

03571

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lou (Middle) Ellen (Last) DeTries

4. DATE OF DEATH: (Month) Sept. (Day) 11 (Year) 1952

5. SEX: F. | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: 12-18-72 | 9. AGE last birthday: 79 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Carroll Co. Md. | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jonathan Dorsey | 14. MOTHER'S MAIDEN NAME: Julia Stakeable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY No.: None | 17. INFORMANT & ADDRESS: Mr. DeTries Hering - Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: 20 min.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerosis — 15 yr.

DUE TO

(c) Senility.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-11, 1952, to 9-11, 1952, that I last saw the deceased alive on 9-11, 1952, and that death occurred at 7:45 A.M. from the causes and on the date stated above.

SIGNATURE J. W. Reuter (Degree or title) M.D. — ADDRESS Sykesville, Md. — DATE SIGNED 9-12-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 9-13-52 | NAME OF CEMETERY OR CREMATORY Freedom | LOCATION (City, town, or county) (State) Mt. Sykesville, Md.

DATE RECD BY LOCAL REGISTRAR 9-12-52 | REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR Weer & Haight - Sykesville, Md. — ADDRESS
Luther H. Haight

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

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VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Carroll MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville

LENGTH OF STAY (in this place) 50 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) Unk -

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Dubisinsky

4. DATE OF DEATH: (Month) September (Day) 1 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 95 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unk -

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic myocarditis and myocardial degeneration	Weeks
422.1	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerosis	Years
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, paranoid type — 56 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/2, 19 42, to 9/1, 19 52, that I last saw the deceased alive on 9/1, 19 52, and that death occurred at 9:05 Pm., from the causes and on the date stated above.

SIGNATURE Irene L. Hitchman (DEGREE OR TITLE) M.D. ADDRESS Springfield State Hospital DATE SIGNED 9-2-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 9-3-52

NAME OF CEMETERY ~~OR CREMATORY~~ Springfield Hospital

LOCATION (City, town, or county) (State) Sykesville, Md.

DATE REC'D BY LOCAL REG. 9-3-52

REGISTRAR'S SIGNATURE C. Harry Weir

24. FUNERAL DIRECTOR Weir & Haight - Sykesville, Md. ADDRESS

Luther H. Haight

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SEP 5 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 83

1. PLACE OF DEATH COUNTY: Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Morgan Station — LENGTH OF STAY (in this place): 52 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Morgan Station
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location): R.D. Woodbine

3. NAME OF DECEASED (Type or Print)	(First) SARAH	(Middle) JANE	(Last) FRANKLIN	4. DATE OF DEATH	(Month) SEPT. (Day) 24 (Year) 1952
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed	8. DATE OF BIRTH: 5-11-1866	9. AGE last birthday: 86 yrs.	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework	10b. KIND OF BUSINESS OR INDUSTRY: own home	11. BIRTHPLACE (State or foreign country): Penna.	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: Elijah Winchester	14. MOTHER'S MAIDEN NAME: Jane Brazington				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY No.: none	17. INFORMANT AND ADDRESS: W. Albert Franklin, Woodbine, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chr. Cardiac Decompensation	4 mo.
40.1 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. Myocarditis	? yrs
	(c) Advanced arterio-sclerosis	? yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify): none	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): none m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/18, 1952, to Sept 24, 1952, that I last saw the deceased alive on Sept 23, 1952, and that death occurred at 4:45 A m., from the causes and on the date stated above.

SIGNATURE: J Stanley Grabell (Degree or title) M.D. ADDRESS: Mt Airy, Md. DATE SIGNED: 9/25/52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL	DATE: 9-27-1952	NAME OF CEMETERY ~~OR CREMATORY~~: Morgan Chapel	LOCATION (City, town, or county) (State): Carroll Co., Md.
DATE REC'D BY LOCAL REG.: 9-27-52	REGISTRAR'S SIGNATURE: Edna M. Hewitt	24. FUNERAL DIRECTOR: C. M. Waltz, Winfield, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 3yrs. 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 1
STREET ADDRESS (If rural give location) 924 Shields Place

3. NAME OF DECEASED: (Type or Print) (First) Sylvia (Middle) (Last) GARRISON

4. DATE OF DEATH: (Month) Sept., (Day) 19 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: Aug., 23, 1928
9. AGE last birthday: 24 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Priv. Family
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Carroll Garrison
14. MOTHER'S MAIDEN NAME: Lena Jones

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 218-22-2619
17. INFORMANT & ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: June, 1949

OC 2X

Immediate cause (a) Far Advanced Pulmonary Cavitary Tuberculosis

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 9, 1949, to Sept., 19, 1952, that I last saw the deceased alive on Sept., 19 1952, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

SIGNATURE T. F. Vestal (Degree or title) M. D. ADDRESS Henryton, Maryland DATE SIGNED 9/19/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 23, 1952
NAME OF CEMETERY OR CREMATORY Mt. Auburn
LOCATION (City, town, or county) (State) Balto. City
DATE REC'D BY LOCAL REGISTRAR 9/19/52
REGISTRAR'S SIGNATURE Albert R. Smackham
24. FUNERAL DIRECTOR Geo. G. Kelson, 1303 Pressman St.
ADDRESS

Deputy Local

RECEIVED
SEP 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: CARROLL — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SYKESVILLE, RURAL

LENGTH OF STAY (in this place): 7 yr 10 mo 28 da

HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: MARYLAND COUNTY: BALTIMORE

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PHOENIXVILLE

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) CORA (Middle) (Last) GREENAWALT

4. DATE OF DEATH: (Month) 9 (Day) 2 (Year) 19 52

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: 5-27-60

9. AGE last birthday: 92 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): ROCHESTER, NEW YORK

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JONATHAN SWIFT

14. MOTHER'S MAIDEN NAME: -- Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) ?

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	MYOCARDIAL DEGENERATION	Indefinite
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	GENERALIZED ARTERIOSCLEROSIS	Indefinite
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. SENILE PSYCHOSIS, PARANOID TYPE — 13 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 4, 19 44 to Sept. 2 19 52 that I last saw the deceased alive on Sept. 2, 19 52 and that death occurred at 12:05 p.m. DST, from the causes and on the date stated above.

SIGNATURE: Henry C. Mead (DEGREE OR TITLE): M. D. ADDRESS: Springfield State Hospital, Sykesville, Md. DATE SIGNED: 9-2-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9-5-52 — NAME OF CEMETERY OR ~~CREMATORY~~: Rose Hill — LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: Sept. 2 1952 — REGISTRAR'S SIGNATURE: C. Harry Mees

24. FUNERAL DIRECTOR ADDRESS: C. M. Shuler & Son - Hagerstown, Md.

VS-15 8-51

SEP 4 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

1. PLACE OF DEATH:
COUNTY: CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL FINKSBURG, MD.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL FINKSBURG
STREET ADDRESS (If rural, give location): PATAPSCO ROAD, FINKSBURG, MD.

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) M. (Last) HESSON

4. DATE OF DEATH: (Month) SEPT. (Day) 18 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: JAN. 11, 1872

9. AGE Last birthday: 80 yrs. IF UNDER 1 YEAR: Months 8, Days 7; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): KNOXVILLE, MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ROBERT PORTER

14. MOTHER'S MAIDEN NAME: FRANKIE ALBAUGH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: LOUIS S. HESSON JR. 1712 PIN OAK RD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

153X

Immediate cause — (a) Hemorrhage from Rectum — Interval Between Onset and Death: 4 hrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Carcinoma of Descending Colon — 1 1/2 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-18, 1952, to 9-18, 1952, that I last saw the deceased alive on 9-18, 1952, and that death occurred at 7:10 p.m., from the causes and on the date stated above.

SIGNATURE: Maurice C. Porterfield — (DEGREE OR TITLE) M.D — ADDRESS: Hampstead, Md — DATE SIGNED: 9-19-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/22/52 — NAME OF CEMETERY OR CREMATORY: London Park — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 9/22/52 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Wm. Cook Inc. 1217 St. Paul St.

57

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
LENGTH OF STAY (in this place) 11 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Finksburg Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester
STREET ADDRESS (If rural, give location) York St Ext.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) H. (Last) Higgins
4. DATE OF DEATH (Month) Sept (Day) 14 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower
8. DATE OF BIRTH 4/2/69
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret Labor 1908
10b. KIND OF BUSINESS OR INDUSTRY Glass Blower
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Wm Higgins
14. MOTHER'S MAIDEN NAME Sarah O'Neill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mrs. Geo. Caskey - Manchester, Md. R.D.1.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Kidney Disease (Uremia) — INTERVAL BETWEEN ONSET AND DEATH 2 wks

4200 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 28, 1947, to Sept 14, 1952, that I last saw the deceased alive on Sept 14, 1952, and that death occurred at 11:00 A.m., from the causes and on the date stated above.

SIGNATURE W H Foard (Degree or title) MD ADDRESS Manchester, Md DATE SIGNED Sept 14-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/17/52
NAME OF CEMETERY OR CREMATORY Manchester Cem
LOCATION (City, town, or county) (State) Manchester Carroll Co Md

DATE REC'D BY LOCAL REG. 9/17/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR R B Wright Manchester Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville — LENGTH OF STAY (in this place): 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eldersburg - Sykesville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Nimrod (Middle) Frank (Last) Hobbs

4. DATE OF DEATH: (Month) 9 (Day) 21 (Year) 1952

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9-25-69
9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture Farmer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHEW Chew Hobbs
14. MOTHER'S MAIDEN NAME: Mary Gosnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Claudia Hobbs, Eldersburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

		Interval Between Onset and Death
Immediate cause	(a) Coronary thrombosis	5 min.
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerosis, generalized	Years
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-3-52, 19 ..., to 9-21, 1952, that I last saw the deceased alive on 9-21, 1952, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

SIGNATURE: Ilse Kamm, M.D. — (DEGREE OR TITLE) — ADDRESS: Springfield State Hosp. — DATE SIGNED: 9-21-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 9-24-52 — NAME OF CEMETERY OR CREMATORY: Good Shepherd — LOCATION (City, town, or county) (State): M. Elliott City, Md.

DATE REC'D BY LOCAL REG.: Sept. 22, 1952 — REGISTRAR'S SIGNATURE: C. Harry Weer

24. FUNERAL DIRECTOR — ADDRESS: Weer & Haight - Sykesville, Md.
Luther H. Haight

VS. 415 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 30 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) since 1/30/31
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN --- Unk —
STREET ADDRESS --- (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) --- (Last) HOOVER

4. DATE OF DEATH: (Month) (Day) (Year) September 15 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: About 1890
9. AGE last birthday: 62 ? yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): unknown
12. CITIZEN OF WHAT COUNTRY? --- Unk —

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY No.: Unk —
17. INFORMANT & ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 421.4

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	3 days
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Chronic cardiac valvular disease	many yrs.
	DUE TO	about
	(c) Deformity due to infantile paralysis	50 yrs.?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Mental Deficiency

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION: ---
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) --- (CITY OR TOWN) --- (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) --- M.
INJURY OCCURRED While at work ☐ Not while at work ☐ ---
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to Sept. 15 1952, that I last saw the deceased alive on Sept. 15, 1952, and that death occurred at 12:05 p.m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M. D. (DEGREE OR TITLE) Martin Gross, M.D. ADDRESS Sykesville, Md. DATE SIGNED 9/15/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 9-26-52
NAME OF CEMETERY OR CREMATORY Springfield Hospital
LOCATION (City, town, or county) (State) Sykesville, Md.
DATE REC'D BY LOCAL REG. 9-26-52
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Weer & Haight - Sykesville, Md. ADDRESS Luther H. Haight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
SEP 30 19
BUR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eldersburg; LENGTH OF STAY (in this place) 5 mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy,; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
BERTYE	O.	HUNTER	Sept	1	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	white	widowed	11-20-1879	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housework	own home	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob M. Ecker	Nettie Harn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Francis M. Hunter, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	8/30/52
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 19 52 to Aug. 30 19 52, that I last saw the deceased alive on Aug 31, 19 52, and that death occurred at 8 40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W Dan Poole M.D. Mt Airy Md 9/2/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	9-3-1952	Krider's	Carroll Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 2, 1952	C. Henry Wood	C. M. Waltz,	Winfield, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

SEP 4 19
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 50

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN - HENRYTON
LENGTH OF STAY (in this place) 1yr. 3mos. 29das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rt. #3 Pocomoke City
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) SMITH (Middle) (Last) JONES
4. DATE OF DEATH: (Month) SEPT. (Day) 2 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 10,1894
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer Hand
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Accomac Co. Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Jones
14. MOTHER'S MAIDEN NAME: Virginia Westcott

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: June, 1950

Immediate cause (a) Far Advanced Pulmonary Tuberculosis
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, 1951, to Sept. 2, 1952, that I last saw the deceased alive on Sept., 2 1952, and that death occurred at 7:45 P., from the causes and on the date stated above.

SIGNATURE T.F. Vestal (Degree or title) M.D. ADDRESS Henyton, Maryland DATE SIGNED 9/2/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/7/52
NAME OF CEMETERY OR CREMATORY Baker Hill
LOCATION (City, town, or county) (State) Exmore, Va.

DATE REC'D BY LOCAL REGISTRAR 9/2/52
REGISTRAR'S SIGNATURE Albert R. Swankham
Deputy Local

24. FUNERAL DIRECTOR Edgar Wharton ADDRESS New Church Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
LENGTH OF STAY (in this place) 2 yrs, 5 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Uniontown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural, give location) Uniontown Rd.

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) MERCER (Last) KAY

4. DATE OF DEATH (Month) Sept. (Day) 26 (Year) 1952

5. SEX m.

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH Dec. 18, 1871

9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miller

10b. KIND OF BUSINESS OR INDUSTRY Grain mill

11. BIRTHPLACE (State or foreign country) Chester Co. Penna

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Kay

14. MOTHER'S MAIDEN NAME Mary Mercer?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Mrs Chas H. Armacost, Westminster Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	acute cardiac orcompensation	12 hrs
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Chronic myocarditis	6 mo.
	(c)	arterio sclerosis	5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-24, 1952, to 9.26, 1952, that I last saw the deceased alive on 9.26, 1952, and that death occurred at 11.40 P.m., from the causes and on the date stated above.

SIGNATURE Chas. R Foutz (Degree or title) MD. ADDRESS Westminster Md DATE SIGNED 9.27.52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Sept. 29.52

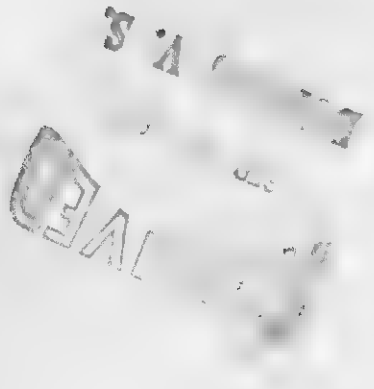
NAME OF CEMETERY OR CREMATORY Finksburg Cem.

LOCATION (City, town, or county) (State) Finksburg Md.

DATE REC'D BY LOCAL REG. 9/27/52

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR J. S. Myers Jr. ADDRESS Westminster Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Sykesville, Maryland
LENGTH OF STAY (in this place): 11 yrs. 8 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Unknown
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Cordelia (Middle) F. (Last) Koontz

4. DATE OF DEATH: (Month) Sept. (Day) 7 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 5-13-1875

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Carroll County

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Jesse Fleagle

14. MOTHER'S MAIDEN NAME: Mary Neusbaum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: Unk —

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
585 X Immediate cause	(a) Coronary occlusion.	55 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertension	12 years
	DUE TO (c) Cholecystitis, Chronic	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, hebephrenic type — 35 years

19a. DATE OF OPERATION: ——— **19b. MAJOR FINDINGS OF OPERATION:** ———

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ——— PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ——— (CITY OR TOWN) (COUNTY) (STATE)

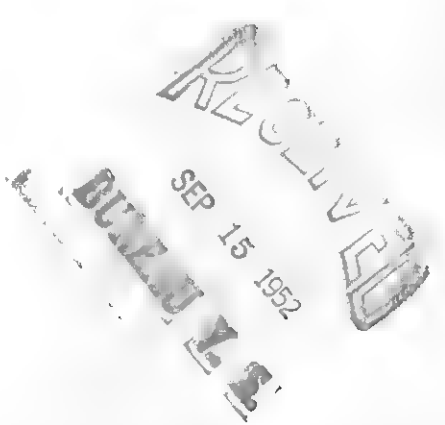
TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1950, to Sept. 7, 1952, that I last saw the deceased alive on Sept. 6, 1952, and that death occurred at 9:55 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Walter W. Sonnenfeldt M.D. Dr. W. Sonnenfeldt Springfield State Hospital 9/8/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 11 — NAME OF CEMETERY OR CREMATORY: Reform Cemetery — LOCATION (City, town, or county) (State): Taneytown Md

DATE REC'D BY LOCAL REG.: Sept 8, 1952 — REGISTRAR'S SIGNATURE: C. Harry Weed — **24. FUNERAL DIRECTOR** ADDRESS: C.O. Frey & Son Taneytown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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Run
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Run
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MAGGIE (Middle) VIRGINIA (Last) LAMBERT
4. DATE OF DEATH (Month) Sept. (Day) 24 (Year) 1952
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Jacob Everly
14. MOTHER'S MAIDEN NAME Laura Beard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 213-18-8339
17. INFORMANT AND ADDRESS H. J. Lambert, Silver Run, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	One hour
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Arterio-Sclerosis	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/24, 1952, to 9/24, 1952, that I last saw the deceased alive on 9/24, 1952, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Luther Barr M.D. ADDRESS Westminster, Maryland DATE SIGNED 9/25/52

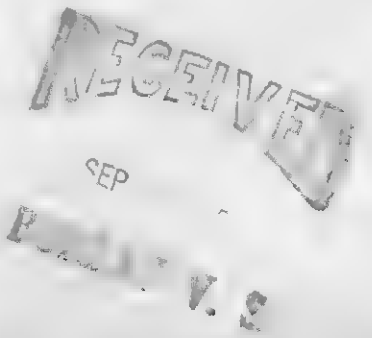
23. BURIAL, CREMATION REMOVAL (Specify) [illegible]
DATE THEREOF 9/27/52
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) Frederick County (State) Md

DATE REC'D BY LOCAL REG. 9/24/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR D. D. Hartzler & Sons ADDRESS Union Bridge & New Windsor, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 34

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 930 N Castle St.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Teresa Antonia Bronsek
4. DATE OF DEATH: (Month) (Day) (Year) Sept 23 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH: Oct 15 - 1877
AGE last birthday: .74 yrs. IF UNDER 1 YEAR: Months 11 Days 8 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Lamach
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Marie Sisolak

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

490X

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Lobar Pneumonia	5 days
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Chr. Myocarditis	3 yrs
DUE TO			
	(c)	Gen. Arterio Sclerosis	R.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 23, 1949 to Sept 23, 1952, that I last saw the deceased alive on Sept 23, 1952, and that death occurred at 11:29 P.m. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
W. M. Martin M.D. Sykesville Md. Sept 23/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Sept. 27, 1952
NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery
LOCATION (City, town, or county) (State): 4430 Belair Rd. Balto. Md.

DATE REC'D BY LOCAL REG.: 9/26/52
REGISTRAR'S SIGNATURE: A. W. Hedrick
24. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.
ADDRESS

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

69386

Reg. Dist. No. 83

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine
LENGTH OF STAY (In this place) 5 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine
STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print) (First) EDWARD (Middle) (Last) MARSH.

4. DATE OF DEATH (Month) Sept (Day) 24 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept. 6, 1867
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Worked with Carnival
10b. KIND OF BUSINESS OR INDUSTRY Show.
11. BIRTHPLACE (State or foreign country) Wash., D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	—
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T. Marsh Deputy Medical Examiner (Degree or title) ADDRESS Westminster Md DATE SIGNED Sept 24/1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-24-52
NAME OF CEMETERY OR CREMATORY Congressional Cemetery
LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REG. 9-24-52
REGISTRAR'S SIGNATURE Edna M. Hewitt
24. FUNERAL DIRECTOR Timothy Hanlon
ADDRESS

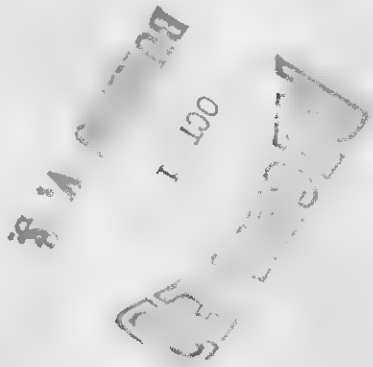
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A5A

Henrietta
Nursing
Home.

OCT 1



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2K

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, SYKESVILLE
LENGTH OF STAY (in this place) 4 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 109 East 33rd Street

3. NAME OF DECEASED: (Type or Print) (First) NELLIE (Middle) VERONICA Bannon (Last) McALLISTER

4. DATE OF DEATH: (Month) 9 (Day) 11 (Year) 19 52

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 8-11-62

9. AGE last birthday: 90 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): BALTIMORE

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN BANNON

14. MOTHER'S MAIDEN NAME: NELLIE V.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) 331- Cerebral Hemorrhage — Interval between onset and death: 36 hrs

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b)

DUE TO (c) 450 - General Arteriosclerosis — years

331

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. CBS, WITH SENILE BRAIN DISEASE WITH PSYCHOTIC REACTION — 4 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 19 52, to Sept., 19 52, that I last saw the deceased alive on Sept. 11, 19 52, and that death occurred at 8:15 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Robert W Gaylor MD — Sykesville, Md — 11 Sept 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Sept. 15, 1952

NAME OF CEMETERY OR CREMATORY: St. Peters Cem.

LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: Sept 13. 1952

REGISTRAR'S SIGNATURE: RW

24. FUNERAL DIRECTOR: Wm. J. Eichner & Sons — ADDRESS: Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09388

Reg. Dist. No. 78

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Franklinville
LENGTH OF STAY (in this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Franklinville
STREET ADDRESS (If rural, give location) R.D. 1 New Windsor

3. NAME OF DECEASED (Type or Print) (First) MARTHA (Middle) ELLA (BYERS) (Last) NULL

4. DATE OF DEATH (Month) Sept. (Day) 29, (Year) 1952

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH 3-21-1860

9. AGE last birthday 91 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME David A. Byers

14. MOTHER'S MAIDEN NAME Sidney Ann Baust

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY No. none

17. INFORMANT G.Frank Byers, New Windsor, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pardyal's Cerebral Hemorrage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

33 IX Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 28, 1952, to Sept 29, 1952, that I last saw the deceased alive on Sept 29th, 1952, and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. C. Stitely, M.D. ADDRESS New Windsor, Md. DATE SIGNED Sept 30th 52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE 10-1-1952

NAME OF CEMETERY ~~OR CREMATORY~~ Kriders

LOCATION (City, town, or county) (State) Carroll Co., Md.

DATE REC'D BY LOCAL REG. Sept 30, 52

REGISTRAR'S SIGNATURE E. M. Farver

24. FUNERAL DIRECTOR C. M. Waltz, ADDRESS Winfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
OCT 2
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18. 289

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Henryton
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 17
STREET ADDRESS (If rural give location) 603 Pitcher Street

3. NAME OF DECEASED: (Type or Print) (First) INEZ (Middle) WEAVER (Last) PARKER

4. DATE OF DEATH: (Month) Sept., (Day) 16 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: Dec. 24, 1918
9. AGE last birthday: 33 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Maid
10b. KIND OF BUSINESS OR INDUSTRY: Night Club
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Weaver
14. MOTHER'S MAIDEN NAME: Belle Matthews

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 217-07-1952
17. INFORMANT & ADDRESS: Mrs. Belle Weaver, 603 Pitcher Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

Immediate cause (a) Far Advanced Bilateral Pulmonary Tuberculosis — Interval Between Onset And Death: March, 1952

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 16, 1952, to Sept. 16, 1952, that I last saw the deceased alive on Sept. 16 1952, and that death occurred at 7: A.M, from the causes and on the date stated above.

SIGNATURE T.F. Vestal (Degree or title) M.D. ADDRESS Henryton, Maryland DATE SIGNED 9-16-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/20/52
NAME OF CEMETERY OR CREMATORY Mt Auburn
LOCATION (City, town, or county) Balto City (State) Md

DATE REC'D BY LOCAL REGISTRAR 9-16-52
REGISTRAR'S SIGNATURE Albert R Swankhouse
Deputy Local
24. FUNERAL DIRECTOR: Frances A Hemsley 578 W. Biddle St
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 34

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL, SYKESVILLE
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural, give location): 612 EAST PRATT STREET ✓

3. NAME OF DECEASED (Type or Print): (First) CLIFFORD (Middle) (Last) PARR

4. DATE OF DEATH: (Month) 9 (Day) 20 (Year) 19 52

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED

8. DATE OF BIRTH: 6-19-80

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HANDYMAN

10b. KIND OF BUSINESS OR INDUSTRY: Unk -

11. BIRTHPLACE (State or foreign country): NEW JERSEY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN C. PARR

14. MOTHER'S MAIDEN NAME: LYDIA HARKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. **(If Yes, give war or dates of service)** —

16. SOCIAL SECURITY NO.: Unk -

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) MYOCARDIAL INFARCTION — Interval Between Onset and Death: 4 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) CORONARY SCLEROSIS — Interval Between Onset and Death: Indefinite

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. CHRONIC BRAIN SYNDROME WITH SENILE BRAIN DISEASE WITH PSYCHOTIC REACTION

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 17 19 52, to Sept. 20, 19 52, that I last saw the deceased alive on Sept. 20, 19 52, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Henry C. A. Mead, M. D. Springfield State Hospital, Sykesville, Maryland 9-20-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Remove	9/29/52	University Med School	Baltimore Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
Sept. 29, 1952	C. Harry Weer	Frances A Hemsley	578 W Baltimore St

RECEIVED
OCT 3
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville; LENGTH OF STAY (in this place) 7 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 16; STREET ADDRESS (If rural, give location) 1324 Poplar Grove St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EMMA	FRAVEL	PAYNE	9	15	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	married	6-22-1877	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	None	Virginia	U. S. A.

13. FATHER'S NAME: Charles Henry Chittum

14. MOTHER'S MAIDEN NAME: Rebecca Holtzman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) — —

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
331X Immediate cause	(a) Cerebral Hemorrhage	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	17 years
	(c) Arteriosclerosis	17 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Psychosis with cerebral arteriosclerosis	8 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
----	---	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
---	---	---		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
------- m.		------

22. I hereby certify that I attended the deceased from July 1, 1950, to Sept. 15, 1952, that I last saw the deceased alive on Sept. 15, 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE Walther H. Sonnenfeldt (Degree or title) M.D. ADDRESS Springfield State Hospital Sykesville DATE SIGNED 9/15/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-16-52	Greenmount	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 16, 1952	C. Harry Weed	Wm. Cook, Inc.	1217 St. Paul St.

RECEIVED
SEP 18
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Sykesville
LENGTH OF STAY (in this place) 8yrs. 4 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If ontside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Maryland
STREET ADDRESS (If rural, give location) ~~Unknown~~ 1714 Bolton St. ✓

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Royal (Last) Percy

4. DATE OF DEATH: (Month) 9- (Day) 26- (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5-18-1887

9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Dept. Store

11. BIRTHPLACE (State or foreign country): Cambridge, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph B. Percy

14. MOTHER'S MAIDEN NAME: Mary V. Hurley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ---

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

3532

Immediate cause (a) Status epilepticus — INTERVAL BETWEEN ONSET AND DEATH: 10 mins.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Epilepsy — 64 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic gastric ulcer (shown at autopsy)

19a. DATE OF OPERATION: ----

19b. MAJOR FINDINGS OF OPERATION: -----

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ----

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ----- (CITY OR TOWN) ---- (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ----- M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? -----

22. I hereby certify that I attended the deceased from 7-10-, 1944, to 9-26-, 19 52, that I last saw the deceased alive on 9-26-, 19 52, and that death occurred at 4:20 A.m., from the causes and on the date stated above.

SIGNATURE M. N. Mastin, M.D. (DEGREE OR TITLE) ADDRESS Springfield State Hosp. Sykesville, Md. DATE SIGNED 9-26-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 9/29/52 — NAME OF CEMETERY OR CREMATORY Woodlawn Cem. — LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REG. September 27 1952 — REGISTRAR'S SIGNATURE Rix ✓

24. FUNERAL DIRECTOR Wm. J. Fichner & Sons — ADDRESS Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09393

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Gamber — LENGTH OF STAY (In this place) 19 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Gamber
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sykesville R 3	STREET ADDRESS (If rural, give location) Sykesville R 3

3. NAME OF DECEASED (Type or Print)	(First) George	(Middle) Henry	(Last) Phillips	4. DATE OF DEATH	(Month) Sept. (Day) 19 (Year) 52
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept.12,1865	9. AGE last birthday 87 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm tenant	10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (State or foreign country) Carroll County, Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME George W. Phillips	14. MOTHER'S MAIDEN NAME Martha E. Brown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of [illegible])	16. SOCIAL SECURITY NO. ----------	17. INFORMANT AND ADDRESS Arthur Griffee Sykesville R.3			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma Parotid Gland & Face r+side anemia & Cachexia	2 yrs
142.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis (Genl)	5 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to Sept 19, 1952, that I last saw the deceased ~~alive~~ dead on Sept 19, 1952, and that death occurred at 9:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

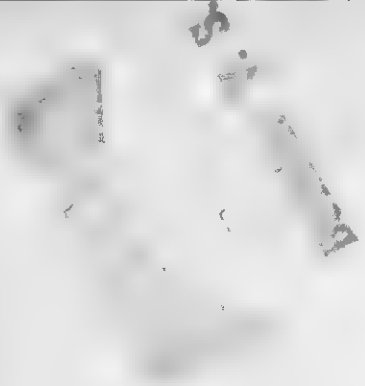
Wilfred Speicher Westminster Md 9/19/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Sept.21,1952	NAME OF CEMETERY OR CREMATORY Bethesda Cemetery	LOCATION (City, town, or county) (State) nr Gamber, Maryland
DATE REC'D BY LOCAL REG. 9/20/52	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR John R. Byers	ADDRESS Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



FILM G146 9-15-52 L

(M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. AIDA

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (In this place) Visitor
HOSPITAL OR INSTITUTION OR STREET ADDRESS VISITING Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 5202 Gwynn Oak Ave

3. NAME OF DECEASED (Type or Print) (First) NANCY (Middle) CHICK (Last) PITMAN
4. DATE OF DEATH (Month) Sept (Day) 7 (Year) 1952

5. SEX F
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 12/20/75
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Umbler Chick.
14. MOTHER'S MAIDEN NAME Martha Lucas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war, or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Park W. Chitman - 3415 38th St N.W. Washington D.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — Years

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T. Marsh, Deputy Medical Examiner (Degree or title) ADDRESS Westminster Md DATE SIGNED Sept 7/52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Sept. 9, 1952
NAME OF CEMETERY OR CREMATORY Fairview Cemetery
LOCATION (City, town, or county) Bowling Green, Ky. (State)

DATE REC'D BY LOCAL REG. 9/9/52
REGISTRAR'S SIGNATURE A. W. HEDRICH-JT
24. FUNERAL DIRECTOR Harry H. Wetzke, 4101 Edmonton Ave ADDRESS

Mrs. Pitman suffered cerebral hemorrhage while visiting hospital and died within a few minutes JTMARSH.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 95

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll Sykesville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 3
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pullen Nursing Home Sykesville Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
STREET ADDRESS (If rural, give location) ——

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) LOUISE (Last) SCHENKEL
4. DATE OF DEATH: (Month) SEPT (Day) 7 (Year) 1952

5. SEX: Female.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 22 Oct 1871
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ——
11. BIRTHPLACE (State or foreign country): Texas.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: ——
17. INFORMANT & ADDRESS: Mrs George L. Buckingham, 612 Grantley St, Balt, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 440X

Immediate cause (a) 434.2 Left Ventricular Failure — INTERVAL BETWEEN ONSET AND DEATH 3 HOURS.

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) 440 Essential Benign Hypertension 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 450 — General Arteriosclerosis 10 yrs.

19a. DATE OF OPERATION: ——
19b. MAJOR FINDINGS OF OPERATION: ——
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ——
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ——
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. ——
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? ——

22. I hereby certify that I attended the deceased from 7 Sept, 1952, to 7 Sept, 1952, that I last saw the deceased alive on 7 Sept, 1952, and that death occurred at 6:18 P.M., from the causes and on the date stated above.

SIGNATURE Robert H. Taylor MD (DEGREE OR TITLE) ADDRESS Sykesville, Md DATE SIGNED 7 Sept 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Sept 10, 1952
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) Baltimore (State)

DATE REC'D BY LOCAL REG. 8/9/52
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Rita Wiedefeld 900 E. Biddle St ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A-1 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 36

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, SYKESVILLE
LENGTH OF STAY (in this place) 16 yr. 2 mo. 23 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 2313 Eutaw Place

3. NAME OF DECEASED: (Type or Print) (First) RAYMOND (Middle) — (Last) SHAPIRO

4. DATE OF DEATH: (Month) 9 (Day) 15 (Year) 19 52

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 7-23-14

9. AGE last birthday: 38 yrs.
IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stenographer

10b. KIND OF BUSINESS OR INDUSTRY: Unk —

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: Unk—

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
002X Immediate cause	(a) 002 PULMONARY TUBERCULOSIS	years
Antecedent cause(s)	DUE TO (b)	
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 410 Chronic inactive rheumatic disease of mitral valve — years
SCHIZOPHRENIC REACTION, CATATONIC TYPE — 25 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 22, 1936, to Sept. 15 1952, that I last saw the deceased alive on Sept. 15, 1952, and that death occurred at 4:40 p.m., from the causes and on the date stated above.

SIGNATURE Henry C. A. Mead (DEGREE OR TITLE) M. D. ADDRESS Springfield State Hospital, Sykesville, Md. DATE SIGNED 9-16-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 9/17/1952 | NAME OF CEMETERY OR CREMATORY Beth Tfiloh | LOCATION (City, town, or county) Balto | (State) Md

DATE REC'D BY LOCAL REG. Sept. 16, 1952 | REGISTRAR'S SIGNATURE C. Harry Elwes | 24. FUNERAL DIRECTOR Jack Lewis Inc | ADDRESS 2108 Eutaw Pl

RECEIVED
SEP 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (In this place) 3 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Ellen (Last) Shue

4. DATE OF DEATH: (Month) Sept (Day) 23 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug 13/1891
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months 1 Days 10 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nursing
10b. KIND OF BUSINESS OR INDUSTRY: Practical Nurse
11. BIRTHPLACE (State or foreign country): Littletown Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Shue
14. MOTHER'S MAIDEN NAME: Anna ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Rev. Mark Wagner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 421.1

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary Occlusion	1 wk
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Chronic Myocarditis	3.
DUE TO			
	(c)	Genl. Arterio Sclerosis	10 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 23, 1952 to Sept 23, 1952, that I last saw the deceased alive on Sept 23, 1952 and that death occurred at 9:00 a.m., from the causes and on the date stated above.

SIGNATURE M J Martin (DEGREE OR TITLE) MD ADDRESS Sykesville Md DATE SIGNED Sept 23/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 9-26-52
NAME OF CEMETERY OR CREMATORY Hanover
LOCATION (City, town, or county) (State) Hanover, Pa.

DATE REC'D BY LOCAL REG. Sept. 24, 1952
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR C. M. Suter - Hagerstown Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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SEP 30 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

RELEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Sykesville
LENGTH OF STAY (In this place): 4yrs. 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural, give location): 5912 Brackenridge Ave. ✓

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Mary (Last) Silver

4. DATE OF DEATH: (Month) 9 (Day) 24 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: 4-13-63

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Personal Maid

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Harford Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Silver

14. MOTHER'S MAIDEN NAME: Sarah Osborn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ---- (If Yes, give war or dates of service) ----

16. SOCIAL SECURITY NO.: -----

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral hemorrhage	1 week
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Generalized arteriosclerosis	10 yrs.
	DUE TO		
	(c)	Hypertension	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis, paranoid type

19a. DATE OF OPERATION: -----

19b. MAJOR FINDINGS OF OPERATION: -----

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) -----

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: -----

(CITY OR TOWN) ----- (COUNTY) ----- (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ---- M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? -----

22. I hereby certify that I attended the deceased from 1-10-48, to 9-24-52, that I last saw the deceased alive on 9-24-52 19....., and that death occurred at 3:47 A.m., from the causes and on the date stated above.

SIGNATURE M.N. Mastin, M.D. (DEGREE OR TITLE) ADDRESS: Springfield State Hosp. Sykesville, Md. DATE SIGNED: 9-24-52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: 9-26-1952

NAME OF CEMETERY OR CREMATORY: HARMONY

LOCATION (City, town, or county) (State): DARLINGTON MD

DATE REC'D BY LOCAL REG. 1-25-52

REGISTRAR'S SIGNATURE: A.W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: H.W. JENKINS & SONS CO. 4905 YORK RD. BALTO.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL, SYKESVILLE
LENGTH OF STAY (in this place): 23 yr 7 mo. 21 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore ?
STREET ADDRESS (If rural, give location): Unknown ✓

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) A. (Last) STEIN

4. DATE OF DEATH: (Month) Sept. (Day) 8 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-25-90

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Advertising &

10b. KIND OF BUSINESS OR INDUSTRY: card writing (?)

11. BIRTHPLACE (State or foreign country): Atlanta, Georgia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Stein

14. MOTHER'S MAIDEN NAME: Mary —— ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unk —

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

0024

Immediate cause (a) PULMONARY TUBERCULOSIS — DUE TO — Interval Between Onset and Death: 1 month

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. SCHIZOPHRENIC REACTION, PARANOID TYPE — Years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 14, 1929, to Sept. 8, 1952, that I last saw the deceased alive on Sept. 8, 1952, and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE Robert H. Taylor M.D. (DEGREE OR TITLE) ADDRESS: Robert H. Taylor, M. D. Springfield State Hospital, Sykesville, Md. DATE SIGNED: 9-8-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9-11-52 — NAME OF CEMETERY OR CREMATORY: Pleasantville — LOCATION (City, town, or county) (State): Pleasantville, Md.

DATE REC'D BY LOCAL REG. 9-8-52 — REGISTRAR'S SIGNATURE: C. Harry Weis

24. FUNERAL DIRECTOR ADDRESS: Weis & Haight - Sykesville, Md. Luther H. Haight

RECEIVED
SEP 1
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
LENGTH OF STAY (in this place) about 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Westminster R.F.D #7

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster, Md.
STREET ADDRESS (If rural, give location) Taneytown Road

3. NAME OF DECEASED (Type or Print) (First) LYLE (Middle) CLINTON (Last) STODDARD
4. DATE OF DEATH (Month) Sept. (Day) 8 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 12, 1889
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY farm owner
11. BIRTHPLACE (State or foreign country) Grand Isle, Vt.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Romaine A. Stoddard
14. MOTHER'S MAIDEN NAME Gertrude La Patrae
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 030-12-0437
17. INFORMANT AND ADDRESS Mrs. Lyle Stoddard, Westminster Md. RF#7

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple Myeloma — INTERVAL BETWEEN ONSET AND DEATH 8 mos.

203 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1952, to Sept 8, 1952, that I last saw the deceased alive on Sept 8, 1952, and that death occurred at 2P m., from the causes and on the date stated above.

SIGNATURE James T. Marsh, ~~Deputy Medical Examiner~~ (Degree or title) M.D. ADDRESS Westminster Md DATE SIGNED 9/8/52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Sept 10/52
NAME OF CEMETERY OR CREMATORY Peasville Cemetery
LOCATION (City, town, or county) (State) Chester, Vermont
DATE REC'D BY LOCAL REG. 9/9/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR J. E. Myers Jr. ADDRESS Westminster Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

SEP 10

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester; LENGTH OF STAY (in this place) 5 wks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Long View Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural R.F.D. #1; STREET ADDRESS (If rural, give location) Manchester

3. NAME OF DECEASED (Type or Print): (First) Era (Middle) Etta (Last) Stump

4. DATE OF DEATH: (Month) 9 (Day) 8 (Year) 1952

5. SEX: Fem.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 4/29/73

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Canning Factory

11. BIRTHPLACE (State or foreign country): Baltimore Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Walter D Hanson

14. MOTHER'S MAIDEN NAME: Charlotte unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-16-2062

17. INFORMANT AND ADDRESS: Mrs. Geo. Wentz, Melrose Md - R.D

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 8 weeks

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerosis - C.V. Disease — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1952, to Sept. 6, 1952, that I last saw the deceased alive on Sept. 6, 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE: Maurice C. Parkinson (Degree or title) M.D ADDRESS: Hampstead, Md DATE SIGNED: 9/7/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 9/11/52

NAME OF CEMETERY OR CREMATORY: Manchester Mem.

LOCATION (City, town, or county) (State): Manchester Carroll Co. Md.

DATE REC'D BY LOCAL REG. Sept 10/52

REGISTRAR'S SIGNATURE: Mrs. H.P.S. Donner

24. FUNERAL DIRECTOR: P B Wink ADDRESS: Manchester Md.

VS. A1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

SEP 15 19
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ... 02

CERTIFICATE OF DEATH

Reg. Dist. No. 74

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Henryton
LENGTH OF STAY (in this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 23
STREET ADDRESS (If rural give location) 907 W. Franklin Street

3. NAME OF DECEASED: (Type or Print) (First) CHARLIE (Middle) (Last) SUTTON

4. DATE OF DEATH: (Month) Sept. (Day) 19, (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Seperated
8. DATE OF BIRTH: Aug. 10, 1898
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Loading Trucks
11. BIRTHPLACE (State or foreign country): Goldsboro, N. Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Sancho Sutton
14. MOTHER'S MAIDEN NAME: Hattie Cob

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Deceased

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: May, 1951

Immediate cause: 002 X (a) Moderately Advanced Pulmonary Tuberculosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19, 1952, to Sept., 19, 1952, that I last saw the deceased alive on Sept., 19, 1952, and that death occurred at 1:25 P.M., from the causes and on the date stated above.

SIGNATURE T. F. Vestal (Degree or title) M.D. ADDRESS Henryton, Maryland DATE SIGNED 9/19/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 22/1952
NAME OF CEMETERY OR CREMATORY Willone Cemetery
LOCATION (City, town, or county) Goldsboro N.C. (State)
DATE REC'D BY LOCAL REGISTRAR 9/19/52
REGISTRAR'S SIGNATURE Albert R. Swankhaus
Deputy Local

24. FUNERAL DIRECTOR Chas O Wilson ADDRESS 1000 Brantley Ave

RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 23
STREET ADDRESS (If rural give location) 539 N. Carey Street

3. NAME OF DECEASED: (Type or Print) (First) SAMUEL (Middle) (Last) WATKINS

4. DATE OF DEATH: (Month) SEPT. (Day) 27 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH: March 20, 1900
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Keysville, Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Sam Watkins
14. MOTHER'S MAIDEN NAME: Bessie Dotson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-10-3472
17. INFORMANT & ADDRESS: Martha Thomas- 539 N. Carey Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: March, 1952

002 X

Immediate cause (a) Far Advanced Bilateral Cavitary Tuberculosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 25, 1952, to Sept. 27, 1952, that I last saw the deceased alive on Sept. 27, 1952, and that death occurred at 12:45 A.M., from the causes and on the date stated above.

SIGNATURE T.F. Vestal (Degree or title) M.D. ADDRESS Henryton, Maryland DATE SIGNED 9/27/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 1-1952
NAME OF CEMETERY OR CREMATORY Mt Auburn
LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REGISTRAR 9/27/52
REGISTRAR'S SIGNATURE Albert R. Swankhouse
Deputy Local
24. FUNERAL DIRECTOR Wm. A. Jackson
ADDRESS 716 Penna ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (19)4104

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, SYKESVILLE
LENGTH OF STAY (in this place) 1 mo. 17 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 1729 Chilton Street

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) ANDREW (Last) WOESSNER

4. DATE OF DEATH: (Month) 9 (Day) 16 (Year) 19 52

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-25-76

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Piano worker

10b. KIND OF BUSINESS OR INDUSTRY: Various Rds

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MATHEIA WOESSNER

14. MOTHER'S MAIDEN NAME: MARY — ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) 420.1 NEW(AND OLD) LEFT CORONARY INFARCTION	1 week
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) EXTENSIVE CORONARY SCLEROSIS	Indefinite
	DUE TO (c) 522 PULMONARY OEDEMA	12 hours

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 17.11 CBSwith senile brain disease with psychotic reaction — 8 mos.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 29, 1952, to Sept. 16 1952, that I last saw the deceased alive on Sept. 16, 1952, and that death occurred at 9:05 a.m., from the causes and on the date stated above.

SIGNATURE Henry C. A. Mead Jr. M.D. (DEGREE OR TITLE) ADDRESS Springfield State Hospital, Sykesville, Md. DATE SIGNED 9-16-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 9-19-52 — NAME OF CEMETERY OR CREMATORY Western — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. Sept. 16, 1952 — REGISTRAR'S SIGNATURE C. Harry Weis

24. FUNERAL DIRECTOR Wm. Cook, Inc. — ADDRESS 1217 St Paul St.

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SEP 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 019405

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) 6 yr. 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3611 St. Victor Pk.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Edgar		Wysocki	9	26	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W.		7-20-1911	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Beautician	Hair Dressing	Pa	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Michael Evans	Antonia Tomanowitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	Unk -	Ellen Wysocki 3611 St. Victor Pk.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

0027

Immediate cause (a) Active pulmonary Tb — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs. 6 mos.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, paranoid type — 5 yrs.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 7-25-, 1944, to 9-26-, 1952, that I last saw the deceased alive on 9-26, 1952, and that death occurred at 8:35 P.M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
John Hamm	M.D.	Springfield State Hosp	9-26-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-29-52	Holy Cross Cem	A.A. Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 27, 1952	C. Harry Zeller	Wm Cook Inc	1217 St Paul St.

VS. A15 8-51

RECEIVED
OCT 3 1952
BUREAU V. S.